Registration Form for NCCI Seminars and Webinars

National Correct Coding Initiative Seminar/Webinar Registration Form
March 2011
(No Fee)

Provider Name and Discipline _____

Medicaid Provider Number _____   NPI Number _____

Mailing Address _____

City, Zip Code _____   County _____

Contact Person _____   E-mail _____

Telephone Number (____) _____   Fax Number _____

1 or **2** person(s) will attend the **seminar** at _____ on _____
(circle one)   (location)   (date)

OR

1 or **2** person(s) will attend the **morning** or **afternoon** webinar session on _____
(circle one)   (circle one)   (date)

Please fax completed form to: 919-851-4014

Please mail completed form to:
HP Provider Services
P.O. Box 300009
Raleigh, NC 27622

Or register online by utilizing the link available within the bulletin